

**Addendum to SBI Special Agent Application Packet**

RE: \_\_\_\_\_  
Name of Applicant (Print Last Name, First Name, Middle Name)

**Affidavit of Acceptance and Understanding of Addendum to SBI Special Agent Applicant Packet for **Crime Laboratory Agents Only****

I, \_\_\_\_\_, have applied for a position of Special Agent within the Crime Laboratory Division of the North Carolina State Bureau of Investigation. The conditions of employment have been clearly explained to me and I understand and accept these conditions of employment. I understand that certain statements and questions contained within the SBI Special Agent Applicant Packet do not apply to me as I am applying for a position within the Crime Laboratory Division. I have identified each of these as outlined in this document and have verified their exclusion by marking through them, indicating they do not apply, and initialing them. I understand and accept all other conditions of employment and any others that have been provided to me as part of the applicant process.

I understand and accept that my actual assignment is determined by the Director and that North Carolina General Statute 114-14.1 gives the Director the "authority to transfer members of the Bureau from one locality in the State to another as the Director may deem necessary."

I understand and accept that in the event I decide to pursue a field agent position after meeting minimum service requirements within the Crime Laboratory Division, these questions and statements would be relevant to the hiring process and I would be required to answer them truthfully and in a manner consistent with existing hiring practices for the position of field agent. The minimum service requirements for all positions are determined by the Director. I understand that I may be required to submit a supplemental SBI Special Agent Applicant Packet at the time I request consideration for the position of Field Agent.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_